

If you would like to make a donation, please print this form and fax or mail it to the address below.

## ***Maricopa Health Foundation***

2601 East Roosevelt Street  
2<sup>nd</sup> Floor, Administration  
Phoenix, Arizona 85008

FAX: (602) 344-5190

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**I/we would like to donate the amount of:**

☐ \$50      ☐ \$100      ☐ \$250      ☐ \$500      ☐ Other \$\_\_\_\_\_

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

☐ Check enclosed

Name:

Please charge my:

☐ Visa

☐ Discover

☐ Mastercard

☐ American Express

Address:

Number:

City/State/Zip:

Expiration Date:

Phone:

Signature:

(\_\_\_\_) \_\_\_\_\_

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